

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. 10680286 FILING DATE _____
APPLICANT(S) _____

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1		1			
2		1		1		
3		1		2		
4		1		1		
5		1		1		
6		1		1		
7		1		1		
8	1		1			
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TOTAL IND.	2		2			
TOTAL DEP.	6		7			
TOTAL FEE BASE	8		9			

CLAIMS

	IND	DEP	IND	DEP	IND	DEP
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TOTAL IND.						
TOTAL DEP.						
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